

The resolution was agreed to.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. EDWARDS. Mr. Speaker, on Tuesday of this week I was unable to be present in the House for rollcall votes 430 through 438.

Had I been present, I would have voted "yes" on rollcalls 430, 431, 432, 434, 435, 436, 437, and 438 and "no" on rollcall vote 433.

AUTHORIZING THE CLERK TO MAKE CORRECTIONS IN ENGROSSMENT OF H.R. 4920, DEVELOPMENTAL DISABILITIES ASSISTANCE AND BILL OF RIGHTS ACT OF 2000

Mr. LAZIO. Mr. Speaker, I ask unanimous consent that the Clerk be authorized to engross the bill, H.R. 4920, in the form of the introduced bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New York?

There was no objection.

WORLD BANK AIDS MARSHALL PLAN TRUST FUND ACT

Mr. LEACH. Mr. Speaker, I ask unanimous consent to take from the Speaker's table the bill (H.R. 3519) to provide for negotiations for the creation of a trust fund to be administered by the International Bank for Reconstruction and Development or the International Development Association to combat the AIDS epidemic, with a Senate amendment thereto, and concur in the Senate amendment.

The Clerk read the title of the bill.

The Clerk read the Senate amendment, as follows:

SENATE AMENDMENT:

Strike out all after the enacting clause and insert:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Global AIDS and Tuberculosis Relief Act of 2000".

SEC. 2. TABLE OF CONTENTS.

The table of contents for this Act is as follows:

Sec. 1. Short title.

Sec. 2. Table of contents.

TITLE I—ASSISTANCE TO COUNTRIES WITH LARGE POPULATIONS HAVING HIV/AIDS

Sec. 101. Short title.

Sec. 102. Definitions.

Sec. 103. Findings and purposes.

Subtitle A—United States Assistance

Sec. 111. Additional assistance authorities to combat HIV and AIDS.

Sec. 112. Voluntary contribution to Global Alliance for Vaccines and Immunizations and International AIDS Vaccine Initiative.

Sec. 113. Coordinated donor strategy for support and education of orphans in sub-Saharan Africa.

Sec. 114. African Crisis Response Initiative and HIV/AIDS training.

Subtitle B—World Bank AIDS Trust Fund

CHAPTER 1—ESTABLISHMENT OF THE FUND

Sec. 121. Establishment.

Sec. 122. Grant authorities.

Sec. 123. Administration.

Sec. 124. Advisory Board.

CHAPTER 2—REPORTS

Sec. 131. Reports to Congress.

CHAPTER 3—UNITED STATES FINANCIAL PARTICIPATION

Sec. 141. Authorization of appropriations.

Sec. 142. Certification requirement.

TITLE II—INTERNATIONAL TUBERCULOSIS CONTROL

Sec. 201. Short title.

Sec. 202. Findings.

Sec. 203. Assistance for tuberculosis prevention, treatment, control, and elimination.

TITLE III—ADMINISTRATIVE AUTHORITIES

Sec. 301. Effective program oversight.

Sec. 302. Termination expenses.

TITLE I—ASSISTANCE TO COUNTRIES WITH LARGE POPULATIONS HAVING HIV/AIDS

SEC. 101. SHORT TITLE.

This title may be cited as the "Global AIDS Research and Relief Act of 2000".

SEC. 102. DEFINITIONS.

In this title:

(1) AIDS.—The term "AIDS" means the acquired immune deficiency syndrome.

(2) ASSOCIATION.—The term "Association" means the International Development Association.

(3) BANK.—The term "Bank" or "World Bank" means the International Bank for Reconstruction and Development.

(4) HIV.—The term "HIV" means the human immunodeficiency virus, the pathogen which causes AIDS.

(5) HIV/AIDS.—The term "HIV/AIDS" means, with respect to an individual, an individual who is infected with HIV or living with AIDS.

SEC. 103. FINDINGS AND PURPOSES.

(a) FINDINGS.—Congress makes the following findings:

(1) According to the Surgeon General of the United States, the epidemic of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) will soon become the worst epidemic of infectious disease in recorded history, eclipsing both the bubonic plague of the 1300's and the influenza epidemic of 1918-1919 which killed more than 20,000,000 people worldwide.

(2) According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), more than 34,300,000 people in the world today are living with HIV/AIDS, of which approximately 95 percent live in the developing world.

(3) UNAIDS data shows that among children age 14 and under worldwide, more than 3,800,000 have died from AIDS, more than 1,300,000 are living with the disease; and in one year alone—1999—an estimated 620,000 became infected, of which over 90 percent were babies born to HIV-positive women.

(4) Although sub-Saharan Africa has only 10 percent of the world's population, it is home to more than 24,500,000—roughly 70 percent—of the world's HIV/AIDS cases.

(5) Worldwide, there have already been an estimated 18,800,000 deaths because of HIV/AIDS, of which more than 80 percent occurred in sub-Saharan Africa.

(6) The gap between rich and poor countries in terms of transmission of HIV from mother to child has been increasing. Moreover, AIDS threatens to reverse years of steady progress of child survival in developing countries. UNAIDS believes that by the year 2010, AIDS may have increased mortality of children under 5 years of age by more than 100 percent in regions most affected by the virus.

(7) According to UNAIDS, by the end of 1999, 13,200,000 children have lost at least one parent

to AIDS, including 12,100,000 children in sub-Saharan Africa, and are thus considered AIDS orphans.

(8) At current infection and growth rates for HIV/AIDS, the National Intelligence Council estimates that the number of AIDS orphans worldwide will increase dramatically, potentially increasing threefold or more in the next 10 years, contributing to economic decay, social fragmentation, and political destabilization in already volatile and strained societies. Children without care or hope are often drawn into prostitution, crime, substance abuse, or child soldiery.

(9) Donors must focus on adequate preparations for the explosion in the number of orphans and the burden they will place on families, communities, economies, and governments. Support structures and incentives for families, communities, and institutions which will provide care for children orphaned by HIV/AIDS, or for the children who are themselves afflicted by HIV/AIDS, will be essential.

(10) The 1999 annual report by the United Nations Children's Fund (UNICEF) states "[t]he number of orphans, particularly in Africa, constitutes nothing less than an emergency, requiring an emergency response" and that "finding the resources needed to help stabilize the crisis and protect children is a priority that requires urgent action from the international community."

(11) The discovery of a relatively simple and inexpensive means of interrupting the transmission of HIV from an infected mother to the unborn child—namely with nevirapine (NVP), which costs US\$4 a tablet—has created a great opportunity for an unprecedented partnership between the United States Government and the governments of Asian, African and Latin American countries to reduce mother-to-child transmission (also known as "vertical transmission") of HIV.

(12) According to UNAIDS, if implemented this strategy will decrease the proportion of orphans that are HIV-infected and decrease infant and child mortality rates in these developing regions.

(13) A mother-to-child antiretroviral drug strategy can be a force for social change, providing the opportunity and impetus needed to address often long-standing problems of inadequate services and the profound stigma associated with HIV-infection and the AIDS disease. Strengthening the health infrastructure to improve mother-and-child health, antenatal, delivery and postnatal services, and couples counseling generates enormous spillover effects toward combating the AIDS epidemic in developing regions.

(14) United States Census Bureau statistics show life expectancy in sub-Saharan Africa falling to around 30 years of age within a decade, the lowest in a century, and project life expectancy in 2010 to be 29 years of age in Botswana, 30 years of age in Swaziland, 33 years of age in Namibia and Zimbabwe, and 36 years of age in South Africa, Malawi, and Rwanda, in contrast to a life expectancy of 70 years of age in many of the countries without a high prevalence of AIDS.

(15) A January 2000 United States National Intelligence Estimate (NIE) report on the global infectious disease threat concluded that the economic costs of infectious diseases—especially HIV/AIDS—are already significant and could reduce GDP by as much as 20 percent or more by 2010 in some sub-Saharan African nations.

(16) According to the same NIE report, HIV prevalence among militias in Angola and the Democratic Republic of the Congo are estimated at 40 to 60 percent, and at 15 to 30 percent in Tanzania.

(17) The HIV/AIDS epidemic is of increasing concern in other regions of the world, with UNAIDS estimating that there are more than 5,600,000 cases in South and South-east Asia, that the rate of HIV infection in the Caribbean